

August 17, 2001

COMPLIANCE INQUIRY (CI) POLICY

1. PURPOSE: This Veterans Health Administration (VHA) Directive establishes policies and procedures for conducting a Compliance Inquiry (CI) and completing the appropriate standardized documentation for the CI. **NOTE:** *This Directive pertains exclusively to reports of compliance failures. For purposes of this Directive, the term “compliance failure” means an alleged deviation(s) from a standard, rule, policy, regulation or law that applies to VHA business-related matters, procedures, or practices.*

2. BACKGROUND

a. A CI is conducted in response to reports, concerns or questions about potential non-compliance with established standards of business conduct and practice in VHA. Such reports, concerns or questions may come through anonymous calls placed to the Compliance and Business Integrity (CBI) Helpline, through calls made directly to the Compliance Office in headquarters (where the callers either identify themselves or request anonymity), or through other reporting mechanisms.

b. VHA DIRECTIVE 99-052 dated November 10, 1999, outlines, in specific terms, the tenets of the compliance policy for the VHA and establishes a Compliance Program based on the seven components of the Health and Human Services (HHS) Office of Inspector General (OIG) Compliance Program Guidelines for Hospitals.

(1) Element 4 of the HHS OIG Guidelines requires the “Maintenance of a process, such as a compliance line, to receive complaints, and the adoption of procedures to protect the anonymity of complainants.” VHA will maintain a Compliance and Business Integrity (CBI) Helpline to receive questions and reports of potential non-compliance, and to implement procedures to protect callers’ anonymity.

(2) Element 5 of the HHS OIG Guidelines recommends the “Development of a system to respond to allegations of improper and/or illegal activities and the enforcement of appropriate disciplinary actions against employees who have violated internal compliance policies, regulations, or Federal health care program requirements.”

c. The VHA Compliance and Business Integrity (CBI) Helpline Call Referral Protocol governs the operation of the Helpline. The vendor managing the CBI Helpline uses this guidance for processing calls received, including misdirected calls, which will be routed to the appropriate office.

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d. The scope of this policy is limited to the following VHA business-related areas:

Enrollment	Excluded individuals and/or entities screening and sanctions listing
Insurance identification and verification	Information protection, record retention, managing request for information
Means Testing	Provider documentation
Eligibility	Staff education and training on compliance
Pre-certification and certification and/or utilization review	Management of Compliance and Business Integrity (CBI) Helpline and database tracking system
Standards pertaining to billing, coding and documentation	Management of overpayments
Audits, reviews, inquiries, and remediation	Alleged violation(s) of rules, standards, policy, regulation or law by managers or supervisors pertaining to compliance business processes.
Accounts receivable and payable	Any matter relating to the business integrity of VHA operations

3. POLICY: It is VHA policy that compliance inquiries must be conducted for all compliance failures, and subsequently tracked in the Compliance Inquiry Reporting and Tracking System (CIRTS) system, and documented on the Department of Veterans Affairs (VA) Form 10-0387, Compliance Inquiry Form.

4. ACTION

a. Process

(1) A CI may be requested at any level of the VHA and by entities external to the organization such as veterans, family members, contractors, or third party payers. **NOTE:** *Occasionally, circumstances could necessitate the need for parallel inquiries with other offices. CIs will take precedence over all other inquiries dealing exclusively with “compliance failures.” However, if a report also concerns a matter that falls within the investigatory or subject matter jurisdiction of another office or VA component, the CI is to be secondary, and the CI is not to be initiated until so directed by that other office or component.*

(2) If a non-management employee of VHA has a question or concern about potential non-compliance with established standards of business conduct within VHA, the issue needs to be discussed with the supervisor. If the employee is not comfortable discussing the matter with the supervisor, for whatever reason, the issue needs to be discussed with a higher-level manager. If the employee is not comfortable with any of the previous steps, the employee may directly contact the facility Compliance Officer or the CBI Helpline.

b. **Management.** The role of management is to assure that all employees understand the purpose of the VHA Compliance Program, including how to report questions or concerns to the

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CBI Helpline, anonymously if they wish. Managers are also responsible for assuring that all processes related to the operation of the helpline and the CI are in accordance with VA policies and procedures. Managers are also responsible for ensuring that reports of compliance failures that are forwarded to their offices by Compliance Officers are investigated promptly and adequately. These officials are also to ensure that the Compliance Office is informed if any allegation is substantiated and, if so, of any corrective action taken or to be taken in response to the compliance failure.

c. **Central Response Unit (CRU).** CRU Associates are responsible for:

(1) Documenting all reports of alleged “compliance failures” in the approved tracking database software program.

(2) Presenting data related to reports of alleged “compliance failures” and other information pertinent, using the database tracking software, to the implementation of the compliance program to managers in VHA Central Office (national aggregate data), Veterans Integrated Service Network (VISN) (regional data), and VA medical centers (local data).

(3) Entering all reports of alleged “compliance failures” via the CBI Helpline, into CIRTS.

d. **CRU Associates and Compliance Program Analysts.** CRU Associates and compliance program analysts are responsible for:

(1) Evaluating all reports, questions, and concerns to see if they warrant further action.

(2) Working with compliance officers at the medical center and VISN levels to:

(a) Where further action is warranted, ensure that reports are forwarded to the responsible officials for review and appropriate action.

(b) Monitor the status of forwarded CI reports and to note what, if any, follow-up action is taken in response thereto.

e. **Compliance Officer, or designee.** The Compliance officer, or designee, is responsible for:

(1) Entering all reports of alleged “compliance failures” into the CIRTS. To the extent permitted by and consistent with applicable law, the Compliance officer requests and obtains information, from VA employees and other persons, needed to verify reported failures which fall within the scope of this policy.

(2) Referring reports covered under this policy to the responsible facility official(s) for appropriate action.

(3) Notifying the Facility Director, VISN Compliance Officer, and Network Director or designee of alleged non-compliance with established standards of business conduct and providing these officials with any information obtained by the officer, as discussed and described in subparagraph 4e(1). **NOTE:** *For reports and issues at the medical center level.*

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(4) Notifying the Network Director and VHA Central Office CRU of the identification of alleged non-compliance with established standards of business conduct and providing them with information obtained by the officer, as discussed and described in subparagraph 4e(1). **NOTE:** *For reports and issues at the VISN level.*

(5) Forwarding information discussed and described in subparagraph 4e(1) to the chief executive of the facility and the program activity supervisor, for appropriate action. **NOTE:** *Applies to both VISN and medical center levels.*

(6) Retaining original records pertaining to a CI in accordance with VA records management procedures.

(7) Providing monthly reports to the Compliance Working Committee.

(8) Ensuring entry of all relevant data into the hotline-tracking template in the CIRTSS.

(9) Completing VA Form 10-0387, (see Att. A) for all open inquiries requiring investigation.

(10) Completing and closing 85 percent of inquiries in the CIRTSS system (completes CIRS Incident Screen) within 30 business days. **NOTE:** *Dependent on the complexity of the CI and the volume, it is recognized there may be instances where closure within this standard will not be possible.*

NOTE: *The Compliance Officer may seek the legal advice of Regional Counsel in carrying out duties under this Directive.*

f. **VHA Central Office Compliance Office.** The VHA Central Office Compliance Office has oversight authority for all compliance-related field activities. **NOTE:** *This promotes objectivity and accountability regarding national compliance initiatives.* It is responsible for:

(1) Referring all valid complaints to the appropriate office, VISN, or field facility for review and appropriate action in accordance with the VHA Compliance and Business Integrity (CBI) Helpline Call Referral Protocol.

(2) Providing aggregate data and monitoring the status of all open CI cases by tracking trends and reports data by category related to inquiries.

(3) Generating monthly and quarterly management reports to monitor timeliness of CI case disposition.

(4) Providing aggregate data and information to field offices regarding high-risk areas, disposition of cases, and nature of follow-up action taken by facility or responsible officials.

(5) Initiating, at the direction of the Associate Chief Financial Officer for Compliance and Business Integrity, a CI for high-level, systemic, or egregious reports of alleged “compliance failures”.

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(6) Providing quarterly summary reports on inquiries and corresponding corrective actions taken by responsible officials to the compliance officers in the field. **NOTE:** *It tracks trends and provides system-generated management reports, as warranted.*

(7) Providing reports on pending cases to compliance officers in facilities.

5. REFERENCES

- a. The HHS Model Hospital Compliance Plan (www.HHS.GOV/).
- b. Compliance Line Call Referral Protocol, Compliance Executive Decision Memorandum, September 21, 1999.
- c. Compliance *Program Guidance for Hospitals* (Office of the Inspector General of the Department of the Health and Human Services) 2/98.
- d. Price Waterhouse Coopers VHA *Corporate Compliance Program and Implementation Planning Guide*.
- e. VA Handbook 6300.1, Records Management Procedures, dated January 12, 1998.

6. FOLLOW-UP RESPONSIBILITY: The VHA CFO (17) is responsible for the contents of this Directive. **NOTE:** *Inquiries may be referred to (202) 273-5606.*

7. RESCISSIONS: None. This VHA Directive expires August 31, 2006.

S/ Tom Sanders for
Thomas L. Garthwaite, M.D.
Under Secretary for Health

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ATTACHMENT A

VA FORM 10-0387, COMPLIANCE INQUIRY FORM

An electronic version of the Department of Veterans Affairs (VA) Form 10-0387 may be found on the VA Forms Intranet at <http://vaww.va.gov/forms>